

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

16 MAY 5 2016 21

1. NAME OF COMMITTEE (in full) **Wyden For Senate** USE FEC MAILING OR TYPE OR PRINT **12FE4M5** Example: if typing, type over the lines.

ADDRESS (number and street) **232 NE 9th Avenue**

Check if different than previously reported (ACC) **Portland** CITY **OR** STATE **97232** ZIP CODE

2. FEC IDENTIFICATION NUMBER **C00308676** 3. IS THIS REPORT NEW (N) OR AMENDED (A) 4. STATE **OR** DISTRICT **00**
 For Candidates Only

5. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2) and/or Semi-annual Report
 October 15 Quarterly Report (Q3)
 January 31 Year End Report (YE) and/or Semi-annual Report
 July 31 Mid-Year Report (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year only)
 Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Special (12S) Convention (12C) This report also covers the semi-annual period
 Election on **05** **17** **2016** in the State of **OR** See Line 6(b)
 (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
 Election on in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period This report covers **04** **01** **2016** through **04** **27** **2016** (b) Semi-Annual Covered Period and/or January 1 - June 30 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period **30300.00** (b) Semi-Annual Covered Period

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **F. Stephen Michels**
 Signature of Treasurer  **9** **27** **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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